



**ECONOMIC SERVICES ADMINISTRATION (ESA),  
DIVISION OF CHILD CARE AND EARLY  
LEARNING (DCCEL), CHILD CARE LICENSING  
BACKGROUND AUTHORIZATION**

Instructions for completing this form on reverse side.

**Please print clearly and use BLACK INK.**

DSHS Background Check  
Central Unit  
PO Box 45025  
Olympia, WA 98504-5025  
(360) 902-0299  
FAX (360) 902-0292

☐ Family Child Care    ☐ Child Care Center    ☐ School-age Center

**SECTION 1. AGENCY INFORMATION (COMPLETED BY AGENCY STAFF ONLY)**

1. NAME AND ADDRESS OF CHILD CARE LICENSING OFFICE TO WHOM THIS FORM SHOULD BE RETURNED

2. NAME AND ADDRESS OF FACILITY (CHILD CARE HOME OR CENTER)

3. TELEPHONE NUMBER (INCLUDE AREA CODE) OF CHILD CARE LICENSING OFFICE

(      )

4. FAX NUMBER (INCLUDE AREA CODE) OF CHILD CARE LICENSING OFFICE

(      )

**SECTION 2. ALL QUESTIONS IN THIS SECTION MUST BE COMPLETED BY THE APPLICANT (PERSON TO BE CHECKED)**

5. SOCIAL SECURITY NUMBER (OPTIONAL)

6. DATE OF BIRTH

7. GENDER

☐ Male    ☐ Female

8. RACE (OPTIONAL)

**CURRENT NAME**

**OTHER NAMES YOU HAVE BEEN KNOWN BY**

9. LAST NAME

12. BIRTH NAME

LAST

FIRST

MIDDLE

10. FIRST NAME

13. OTHER MARRIED NAME(S) (WRITE NONE IF NONE)

11. MIDDLE NAME (WRITE NONE IF NONE)

14. NICKNAME(S)/OTHER NAME(S) (WRITE NONE IF NONE)

15. Have you been convicted of, or do you have charges pending for any crime? .....  
If yes, give the crime, the conviction date or charge status and the state where it occurred.

YES

NO

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16. Have you ever been found to have sexually abused, physically abused, neglected, abandoned or exploited a child or adult? .....  
If yes, give name of court, state licensing board, disciplinary board, or dependency action, details of the finding, and the state where it occurred.

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17. Have you ever had a contract and/or license to care for children or adults denied, terminated, revoked, or suspended? .....  
If yes, give date, contract and/or license type, name of contracting and/or licensing agency, and the state where it occurred.

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18. Has a court ever issued an order of protection against you for abuse, neglect, financial exploitation, or abandonment? If yes, give date, court, and the state where it occurred.....

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19. DRIVER'S LICENSE OR STATE IDENTIFICATION NUMBER

20. PRESENT NUMBER OF CONSECUTIVE YEARS LIVED IN WASHINGTON STATE

YEARS:

MONTHS:

21. I understand that I am signing this statement under penalty of perjury. The above statements are true and complete to the best of my knowledge. I understand that any untruthful or purposefully misleading answer or any deliberate omission may result in my immediate disqualification as a provider, caretaker, licensee, contractor, and/or as an individual authorized to care for vulnerable adults or children. I hereby authorize DSHS to obtain background information including but not limited to, convictions, licensing, child and adult protective services, and professional licensing records, from any law enforcement, any state and federal agency including other states and the FBI. DSHS is hereby authorized to release the result of this and any DSHS prior background check information to the agency, facility, entity, or individual named above.

22. SIGNATURE OF PERSON TO HAVE BACKGROUND CHECK OR PARENT/GUARDIAN

23. DATE (DATE SIGNED MUST NOT BE OLDER THAN THREE MONTHS)

24. PRESENT ADDRESS FOR APPLICANT

CITY

STATE

ZIP CODE

COUNTY

TELEPHONE NUMBER

**FOR DSHS USE ONLY**

CAMIS Search: ☐ No Information Found    ☐ Information Available, by \_\_\_\_\_ date \_\_\_\_\_

## INSTRUCTIONS FOR COMPLETING THE AUTHORIZATION FORM

This form will be returned if any portion of the required information necessary to conduct a background check is not entered or is not legible.

**SECTION 1:** To be completed by the Child Care Home or Center.

1. Required. An address label is preferred.
2. Required.
3. Required.
4. Required.

**SECTION 2:** To be completed by the applicant (person to be checked).

5. Optional.
6. Required.
7. Required.
8. Optional.
9. Required. Must write NONE if none.
10. Required. Must write NONE if none.
11. Required. Must write NONE if none.
12. Required. Must include complete name at birth. If same as #9 through #11, must write SAME.
13. Required. Must list all married names used (male or female); must write NONE if none.
14. Required. Must list all nicknames used (male or female); must write NONE if none.
15. Required.
16. Required.
17. Required.
18. Required.
19. Required. Must list drivers license number or state identification number; must write NONE if none.
20. Required. Indicate present number of consecutive years and/or months lived in Washington State.
21. Read prior to moving to block 22.
22. Required signature of applicant or parent/guardian if applicant is under 18.
23. Required. The Background Check Central Unit must receive the background authorization form within three (3) months from the date of the signature.
24. Required.

For complete information on DSHS Background Check Policy, please see Title 388 at:

<http://slc.leg.wa.gov/wacbytitle.htm>

Upon completion, please submit form via mail as soon as possible to the Child Care Licensing Office listed in Box Number 1.